

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

663088

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/	/		
2		1	/	/		
3			/	/		
4		1	/	/		
5		3	/	/		
6		3	/	/		
7		3	/	/		
8		6	/	/		
9		6	/	/		
10		1	1			
11		1		1		
12		1		1		
13		1	/	/		
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TOTAL IND.			1			
TOTAL DEP.			3			
TOTAL CLAIMS			4			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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